FEB 0 3 2009

"PATENT"

AMENDMENT TRANSMITTAL FORM

In re application of: Andrzej Malek, et al.) Before the Examiner
U. S. Serial No.: 10/534,072) Michael Forrest
Filed: February 17, 2006 For: METHOD FOR PREPARING CATALYSTS) Confirmation Number: 2772) Group Art Unit: 4162) Family Number: P2002J114

Mail Stop Missing Parts Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Commissioner for Patents facsimile number 1-571-273-8300 on the date shown below.

February 3, 2009 Susan Fleming Date Type or print name of person signing certification

Transmittal herewith is an amendment/response in the above-identified application.

Petition for extension of time pursuant to 37 CFR 1.136 and 1.137 is hereby made, if and to the extent, required. The fee for this extension of time is calculated to be \$ 1,110.00 to extend the time for filing this response until 2-18-2009

The fee for any changes in number of claims has been calculated as shown below.

		C	CLAIMS AS AMENDED			
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	(7)
Total Claims	• 37	Minus	<i>" 38</i>	Ø	x 52.00	Ø
Indep. Claims	* 1	Minus	*** /	0	х 220.00	Ø
MULTIPLI	E DEPENDENT CLAIM FE	E			\$ 390.00	Ó
			F1	EE FOR CLAIN	A CHANGES	8

The total fee for this Amendment, including claim changes and any extension of time is calculated to be \$\(\frac{1}{2}\) \(\frac{110}{2}\).

X Charge \$1,110.00 to DEPOSIT ACCOUNT NO. 05-1330.

[X] The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required by this paper, or credit any overpayment, to **DEPOSIT ACCOUNT NO. 05-1330**

DATE OF SIGNATURE

Post Office Address: [to which correspondence is to be sent] ExxonMobil Research and Engineering Company

P. O. Box 900

Annandale, New Jersey 08801-0900

ATTORNEY OR AGENT OF RECORD

LIZA MONTALVO

Registration No. 45,731

X Pursuant to 37 CFR 1.34(a)

Facsimile Number: (908) 730-3649

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^{*} If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Higher Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.